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INTRAHEPATIC PSEUDOANEURYSM FOLLOWING THORACOABDOMINAL BOMB BLAST INJURY: REPORTING OF SURGICAL AND ENDOVASCULAR MANAGEMENT OF A COMPLEX CASE

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Posttraumatic pseudo-aneurysm of hepatic artery and its branches is a rare complication of abdominal injury. Timely intervention is essential as it can rupture and cause a life-threatening haemorrhage. We report a complex case of thoraco-abdominal injury in a 19 years old male victim of shrapnel of bomb blast, who had been transferred to our emergency department in a shock state with tender and rigid abdomen and positive Focused Assessment with Sonography for Trauma (FAST). While resuscitation was going on we shifted the patient for emergency laparotomy. Formal exploration revealed hemoperitoneum, actively bleeding through and through liver laceration which was difficult to control with liver suturing alone but decreased significantly with liver packing. Cholecystectomy done as the gall bladder was lacerated by the shrapnel which caused also big through and through gastric perforation, which had been repaired. The 6x2x2 shrapnel found lodged in front of the duodenum from there it had been taken out.

After 72 hours and before shifting the patient to the operating theatre CECT done showed a big sized Intrahepatic pseudoaneurysm which emerged from Intrahepatic branch of left hepatic artery. Endovascular coil embolization done, then the patient shifted for safe removal of the liver packs. Postoperative was quite hectic as the patient developed bile leak from the abdominal drain along with bilio-pleural fistula which settled on conservative treatment.

Conclusion: Intrahepatic pseudoaneurysm following bomb blast injury is rarely if ever reported. Timely diagnosis is crucial. We suggest doing CECT after liver packing and before taking the patient for packs removal, as it may pick up a possible IHPA, to avoid the life threatening complications of such pathology.

Biography

Khaled Elshaar, MBBCH, MS, MD, MRCSEng, Egyptian Consultant General and Colo-Rectal surgery with special interests in Laparoscopic and trauma Surgery, graduated in 1995 from the Faculty of Medicine, Alexandria University, Egypt. His Magister, MS, and Doctorate MD, were in the field of Colo-Rectal Surgery. Worked for few years in the Alexandria University Hospitals, Egypt, moved after that to Saudi Arabia where he is working as a Consultant Surgeon in King Fahd Central Hospital Jazan, since 2004 till date. He is a member of EAES and Egyptian society of colorectal surgery. Had published his researches in the field of GIT surgery, and currently, working on rare cases reports to be published.

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